CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Candidate

Election Year: _

STATEMENT OF ECONOMIC INTERESTS

REGISTRA DE SINTERS

COVER PAGE

JAN 1 4 2010

Please type or print in ligh.	A Publ	ic Document	RECEIVED BY; yd 10
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Frankes	Louise	Adolfo	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
(Business Address Accentable)			I fluentes @ co. imperia
1. Office, Agency, or Court		4. Schedule Summar	V
Name of Office, Agency, or Court:	20015:0	► Total number of pages including this cover page	•
Division, Board, District, if applicable:	ruisors	➤ Check applicable schedul interests." I have disclosed interests	·
► If filing for multiple positions, list ac position(s): (Attach a separate sh		attached schedules: Schedule A-1 Yes - s Investments (Less than 10% Own	ership)
Agency:		Schedule A-2 Yes – s Investments (10% or Greater Own	
Position:		Schedule B Yes - s	chedule attached
2. Jurisdiction of Office (Che	eck at least one box)	Schedule C Yes - s Income, Loans, & Business Po	chedule attached ositions (Income Other Than Grits
State Scounty of Imperia		Schedule D Yes - s	chedule attached P
☐ City of		Schedule E Yes - s Income - Gifts - Travel Payme	chedule attached 7: 1551 ents
☐ Other		-or-	
		No reportable interests	on any schedule
3. Type of Statement (Check	at least one box)		5,1 d,13 55,10dd16
Assuming Office/Initial Date:	11/10/09	5. Verification	
Annual: The period covered is Jai through December 31, 2009.	nuary 1, 2009,	I have used all reasonable statement. I have reviewed t	
-or- The period covered is	<u>U/</u> O₁ through	of my knowledge the information attached schedules is true an	on contained herein and in any
Leaving Office Date Left:/_ (Check one)		I certify under penalty of perju of California that the foreyo	ing is true and correct.
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed	Jan 12, 2010
-or-			
O The period covered is/ the date of leaving office.	/, through	Signature	

your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	
Received And	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
N . M	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Air Conditioning Contractor	
FAIR MARKET VALUE \$\frac{1}{2}\$ \$2,000 - \$10,000 \$\frac{1}{2}\$ \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
Over #1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500
C medine Received of pool of Midle (Reput of Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	// 09/ _/ 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAID MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income of \$0 - \$500	(Describe) Partnership (Income of \$0 - \$500)
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
MATURE OF ANY COTHENT	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income of \$0 - \$500 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
!F APPLICABLE, LIST DATE:	
	IF APPLICABLE, LIST DATE:
NO GOINED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

FAIR POLITICAL	PRACTICES COMMISSION
Name	

CALIFORNIA FORM 700

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Recevil Air	
Name 175 E. Davenberg Ave Suite 102 Address (Business Address Acceptable) DEI CONTROL CAR 92243	Name Aódress (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY AT CONCLUS C	GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$1,001 - \$10,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499
2. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) La Dolla Palms Receivership Zigmon Shields General Contractor	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF MITEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	1.1 2.1 2.1 2.1 2.1 2.1 2.1
Name	

STREET ADDRESS OR PRECISE LOCATION OO 3	► STREET ADDRESS OR PRECISE LOCATION CITY FAIR MARKET VALUE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
S2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$\$ \$10,001 - \$100,000
\$10,001 - \$100,000	\$10,001 - \$100,000/
\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	
\$ 1	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Yrs. remaining Ciher
RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater neerest, list the name of each tenant that is a single source of acome of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	
	With the Control of t
You are not required to report loans from commercial le of business on terms available to members of the public	
and loans received not in a lender's regular course of b	
and loans received not in a lender's regular course of because of because of the same of Lender*	pusiness must be disclosed as follows:
nd loans received not in a lender's regular course of bound of Lender* DDRESS (Business Address Acceptable)	NAME OF LENDER*
nd loans received not in a lender's regular course of but the state of	NAME OF LENDER* ADDRESS (Business Address Acceptable)
AND IN A LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable)
nd loans received not in a lender's regular course of bound in the lender's regular co	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ANAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* NODRESS (Business Address Acceptable) SUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE NORE NORE	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
INTEREST RATE When the second of the second	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CA	LIF	ORN	IIA I	FOF	(IVI	7	0	
FAIR	POLI	TICAL	PRA	CTIC	s cc	MMIS	SION	
Nan	те							
			**********			····	···	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Beceril Hir	Becern Hir
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
775 E. Danenberg Ave Suite 102	775 E. Dewenberg And Suite 102
BUSINESS ACTIVITY, IF ANY, OF SOURCE FI CENTRY CH 92243	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ay Couditioning Contractor	Hir Conditioning Contractor
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
trestelent	Vice-Prosidit
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 \text{OVER \$100,000}
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other (Describe)
	(1000000)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	n
of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part
available to members of the public without regard to y	
not in a lender's regular course of business must be d	lisclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Will Or Elifolis	INTERESTRATE (ENVI (MODILIS/TEALS)
ADDRESS (Business Address Acceptable)	%
,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$10,000	Guarantor
_	•
OVER \$100,000	Other(Describe)
	(=
Comments:	

SCHEDULE D Income - Gifts

CALIFOR	NIA FORM	740[0]
FAIR POLITICA	AL PRACTICES C	OMMISSION
Name	/	

NAME OF SOURCE	▶ NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
DETICEO (Substitution Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mg/ldd/yy) VALUE DESCRIPTION OF GIFT(S)
	. \$
J \$. / s
	\mathcal{M}
	/
ME OF SOURCE	NAME OF SOURCE
DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	(and the state of
SINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Doomese Not for the Notice
TE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DESCRIPTION OF SIFT(S)
	N/ s
	\$
	5
ME OF SOURCE	► NAME OF SOURCE
DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SINESS ACTIVITY, FANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TE (mm/dd/yy) / VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<i></i> \$	\$
J	\$
/	\
	\$
	\
	\
ıments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Reminder – you must mark the gift or income box.	
You are not required to report income	
NAME OF SOURCE	► NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
TY AND STATE	CITY AND STATE
ISINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE(S):/ AMT: \$	DATE(S):// AMT: \$
PE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
ESCRIPTION:	DESCRIPTION:
AME OF SOURCE ODRESS (Business Address Acceptable)	NAME OF SOURCE ADDRESS (Business Address Acceptable)
TY AND STATE	CITY AND STATE
SINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TE(S): AMT: \$	DATE(S):// AMT: \$
PE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
SCRIPTION	DESCRIPTION:
omments:	